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(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission:29

- Fee Transmittal Form [1]
(in Duplicate)
- Fee attached - Check \$1,270.00
- Amendment/Response [9pgs]
 - ☐ After Final
 - ☐ Affidavits/declaration(s)
- Extension of Time Request [1]
(in Duplicate)
- ☐ Express Abandonment Request
- Information Disclosure Stmt [4pgs]
- ☐ Certified Copy of Priority [1]
Document(s)
- ☐ Response to Missing Part/s
Incomplete Application [1]
 - ☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53

- ☐ Assignment papers ☐
- ☐ Drawing(s) --Annotated Sheet(s) ... ☐
- Replacement Sheet(s) ☐
- ☐ Licensing-related Papers ☐
- ☐ Petition Routing Slip (PTO/SB/69)
and Accompanying Petition
(DELETED - no longer useful)
- ☐ To Convert a Provisional Petition ... ☐
- ☐ Power of Attorney, Revocation
Change of Correspondence Address . ☐
- ☐ Terminal Disclaimer ☐
- ☐ Small Entity Statement ☐
- ☐ Request for Refund ☐

☐ After Allowance Communication to Group 0

☐ Appeal Communication to Board of Appeals and Interferences 0

☐ Appeal Communication to Group (*Appeal Notice, Brief, Reply Brief*) 0

☐ Proprietary Information 0

☐ Status Letter 0

☒ Additional Enclosure(s) (*please identify below*):

Postcard

Request for Continued Examination (In duplicate) [1]

Copy of United States Patent No. 5,300,101 [10]

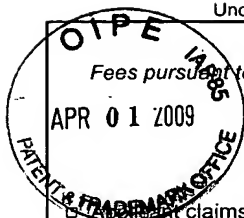
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Reg. No. 32,018
CUSTOMER NO. 020210

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 30, 2009.

Date: March 30, 2009 (amp)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/538,303
with an effective filing date of
December 9, 2003
Colin DUNLOP
Jacqueline M. PAPAPIETRO
3739

TOTAL AMOUNT OF PAYMENT: **\$1,270.00**

Attorney Docket No.

GRIHAC P44AUS

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =	x	\$52/\$26 =				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP +	x	\$220/\$110 =				

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

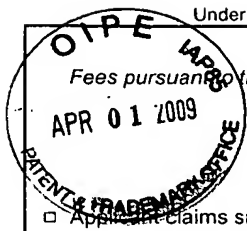
Total Sheets	Extra Sheets	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50 =	(round up to a whole number) x	\$270/\$135	=

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	Petition for Four Month Extension of term	\$865.00
	Request for Continued Examination	\$405.00

SUBMITTED BY

Signature			Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: March 30, 2009



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: **\$1,270.00**

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/538,303
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December 9, 2003
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Jacqueline M. PAPAPIETRO
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Attorney Docket No.

GRIHAC P44AUS

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☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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		\$52/\$26				
<u>Indep. Claims</u> - 3 or HP +	<u>Extra Claims</u> x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>			
		\$220/\$110				

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<u>Total Sheets</u> - 100 =	<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>
			\$270/\$135	

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SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: March 30, 2009